TEMPORARY TOWER REQUEST FORM

(Note - this form should be used in conjunction with the checklists located in Chapter 11 of the Interagency Airspace Coordination Guide (www.fs.fed.us/r6/fire/aviation/airspace). Please attach this form to the Resource Order and forward both forms to the appropriate FAA Regional Operations Center (ROC), through established ordering channels.

I. GENERAL INFORMATION:		
Incident Name	Management/Fiscal	Code
Resource Order Number	Request Number	Date
II. POINTS OF CONTACT		
Name/Agenc		Telephone
Ordering Unit		
Air Ops/Air Support		
Local or Expanded Dispatch		
Geographic Area Coordination Ctr		
National Interagency Coordination Ctr		
FAA POC at ROC		
Name / Phone Number of Airport Owner		
Has the Airport Owner been notified?	YES NO	
Requested Operational Hours:		
Estimated I anoth of Dynation.		
III. SUPPORT INFORMATION		
Closest City/Town	State	
Where is the proposed location of the ten	nporary tower (Select one	
Airport Name & FAA Code	- '	2 /
	Other	
Is a facility available on site for use as a t	ower (Select one or expl	ain)?
FBO Site/Room rental/etc		
Facility to be built on site	Other	
Facility to be built on siteConditions to expect for overnight at site	: Camp	Hotel
	· • · · · · · · · · · · · · · · · · · ·	
Is a vehicle (Gov't or rental) available fo	r tower personnel? YES	S NO
Please attach detailed driving directions t	<u> </u>	
Note Road closures, hazardous condition	1 0	etc
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IV. EQUIPMENT SURVEY - Refer to	Chanter 11 checklist / Inters	agency Airspace Coordination Guide
What equipment do you currently have (1	_	- · -
what equipment do you currently have (1	adios, etc) for use by to v	ver personner.
What equipment do you need? (radios, e	te)	
vi nat equipment do you need: (tadios, e	<i>(C)</i>	
Have you completed as investors of	imm ant?	
Have you completed an inventory of equa	ipment?	